A 2 0	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES	OIV		
	DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY		Matt	
	ISES TROUBLE NOITO ACILITIES (continued)	MBAR ON	LOCATION A	
REA	SON GRADE Inspection Date: ESTABLISHMENT NAME: 151 10 970113 1890		HUIFBOTTE I	
Regular	V 925/14 NEW CHILDREN WOYLD LEARNING G DEVELOPMENT =;			
Follow-Up Complain	Time In/Out: of all and OWNER/OPERATOR: one between the provided in the control of the control o	OWNER/OPERATOR: big below the period operation operation of the period o		
Investigat Other:	Sanitary Permit No.: 20000-100145 PERMIT STATUS: Valid Te	LOCATION: DEDEDO Establishment Type:		
	DE DE DE DE DE DE LE SE	mporary	Expired	
	fren: 17 Male 7 Fernale 2 brotal Child Care License: No.: 1802 05 / Valid /		/ / Expired	
	ollowing items identify violations found this day in the operations and facilities which must to or sooner as the Department Indicates. No -compliance may result in downgrading or per a written request for hearing must be submitted before the Indicated correction	rmit suspen:		
ITEM*	dimbered her exists to head add to habit REMARKS	DEMERIT	CORRECT BY	
	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS	DOGG GF	A DELOCATION	
9	INSPECTION CONDUCTED ON 6/13/18 (2/A)	is tookni to	Accord 8	
	PREVIOUS VIULATION #17 HAS BEIEN CONRECTED.			
10	and placed two test epart 4 28 provided for each child	eusvurių esut is parpeter	S minera tio	
	77+15 POLLOWING WAS OBSIERVED:			
S	4 29 protected and maintained against flies, roaches,	e avantino	SM Lanal Ma	
¥24	FLOORS ORAINS IN TEACHER & RICAR RESTRUM	2	10/25/16	
	IN DISPIE PAIN to two bons there lin of			
c	ALL OUTER OPENINGS OF SHALL BE PROPERLY O MEED I	and one wa	One toile	
	PRUTISLIED & MAINTAINIED TO PREVIEW PEST			
4	as to be readily accessible 2 32 Cots and mats cleaned, disintected of NTV3	nd equippe	12 and size	
	Toilet, (avatory and bathing facilities, floor areas	150/5		
T	and kitchen floors cleaned daily			
2	PHUTOS WERE STAIGHT	X-1-	WATER SUF	
2	6 35 (No other enterprise conducted on premises during hours of operation	sonnections	14 No cross	
e	from safe sanitary source . 4 36 Telephone or other means of communication and	lagus retew	15 Adequate	
	A PLACARO NO.02355 ISSUED	Movine inte	atemine at	
2	38 Outside faucet of 3/4" provided	SILITIES	KITCHEN PA	
10	BRITEE ONOR CLADNIA ABOVE. 2 In one needs from moone	ings and str	17 Walls, of	
а	anings effectively screened 2 39 Current Senitary Permit and posted	and other or	18 Windows	
	aration area well lighted	ing and prej	Food stor	
	re read and understand the above violation(s) and I am aware of the corrective me	asures to	be taken.	
	When any of the following items are above, they shall be corrected within			
cited	above, they shall be corrected within 10 days of this inspection: DEH Inspector (Name & Title):			
(2), (4),	(6), (14), (21), (23), (24), (27), (28), (39) & (40). J. CRUZ EPITO!	2		

Rev: 08/2/05 DEH-06